IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: 116184 OLIFF & BERRIDGE, PLC P.O. Box 19928 Date: August 5, 2003 Alexandria, Virginia 22320 Telephone: (703) 836-6400 MAIL STOP PATENT APPLICATION Facsimile: (703) 836-2787 NONPROVISIONAL APPLICATION TRANSMITTAL Customer Number: 25944 **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application For (Title): POWER MANAGEMENT SYSTEM FOR A COMMUNICATION DEVICE Mitsuhiro NAITOU; Kunihiro YAMADA; Satoshi OGAWA By (Inventors): Formal drawings (Figs. 1-7; 7 sheets) are attached. Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to AISIN AW CO., LTD. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign applications No. 2002-232656 filed August 9, 2002 in JAPAN and No. 2002-232699 filed August 9, 2002 in JAPAN are claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign applications are filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. \boxtimes The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE SMALL ENTITY SMALL ENTITY OR **RATE FEE** <u>OR</u> \$ 750

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	21 - 20	= 1
INDEP CLAIMS	4 - 3	= 1
☐ MULTIPLE DEP	ENDENT CLAIM	S PRESENTED

^{*} If the difference is less than zero, enter "0".

RATE	FEE	
	\$ 375	
x 9=	\$	
x 42 =	\$	
+ 140 =	\$	
TOTAL	\$	

<u>OR</u>

<u>OR</u>

OR

<u>OR</u>

RATE FEE

\$ 750

x 18 \$ 18

x 84 \$ 84

+ 280 \$

TOTAL \$ 852

Check No. 144926 in the amount of \$852 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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